



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/912,609
		Filing Date	July 25, 2001
		First Named Inventor	Evan C. Unger
		Art Unit	2826
		Examiner Name	Unassigned
Attention	Office of Initial Patent Examination's Customer Service Center	Attorney Docket Number	5030-0001.24

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$1,300.00 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition (with copies of Official Filing Receipt and Power of Attorney) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <u>Preliminary Amendment</u> <u>Return Post Card.</u>
--	--	--

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (print/type)	Shelley P. Eberle	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 330-0900
Signature	<i>Shelley P. Eberle</i>			Date	June 30, 2003

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Attn: Office of Initial Patent Examination's Customer Service Center, P.O. Box 1450, Alexandria, VA 22313-1450 on June 30, 2003.

Name (print/type)	Joe Clark	Date	
Signature	<i>Joe Clark</i>		

**RECEIVED**

JUL 09 2003

**OFFICE OF PETITIONS**

JC88  
JUL 03 2003  
PATENT & TRADEMARK OFFICE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEET TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$1,300.00

## Complete if Known

Application Number	09/912,609
Filing Date	July 25, 2001
First Named Inventor	Evan C. Unger
Examiner Name	Unassigned

Group Art Unit	2826
Attorney Docket No.	5030-0001.24

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None

## Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed & Eberle LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Charge any underpayment or credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	375	Utility filing fee
1002	2002	165	Design filing fee
1003	2003	260	Plant filing fee
1004	2004	375	Reissue filing fee
1005	2005	80	Provisional filing fee
SUBTOTAL (1)		\$	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	- 20** =	Extra Claims	Fee from below
Independent Claims	- 3** =	x	=
Multiple Dependent		x	=
SUBTOTAL (2)		\$	
*or number previously paid, if greater; For Reissues, see above			
Other fee (specify) Acceptance of an unintentionally delayed claim for priority			
\$1300.00			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			
\$1300.00			

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Shelley P. Eberle	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 330-0900
Signature	Shelley P. Eberle			Date	June 30, 2003

RECEIVED

JUL 09 2003

OFFICE OF PETITIONS